**FY 2025 AUCD Directory Paper Form for UCEDD/LEND Users**

**Basic Contact Information.**

**\*First Name** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**\*Last Name** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Degree** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**\*Phone** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Secondary Phone** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* **Subscribe to AUCD Digest**

**\*Email** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**\*User Name** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**\*Password** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

(*Username and password must be at least 6 characters long. Letters, numbers, and symbols may be used. Not case sensitive.)*

**Work Address**

\***Address line 1** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Address line 2** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**\*City** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**\*State** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**\*Zip/Postal Code** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Additional Information.**

**\*Position** *The system allows a person to be listed with multiple positions if appropriate. Check all the positions below that apply. Your entry will be validated by the administrator at your site.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Leadership |  | |  | |
|  | UCEDD Director | | LEND Director | |
|  | Acting UCEDD Director | | Acting LEND Director | |
|  | Co-UCEDD Director  Associate UCEDD Director | | Co-LEND Director  Associate LEND Director | |
| **Leadership Administrative Staff:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | |
| Primary Activity Coordinators | | |  | |
|  | Adult Services | | Vocational Rehabilitation/Employment | |
|  | Clinical Services | | Communications | |
|  | Community Support | | Community Education Director | |
|  | Cultural and Linguistic Responsiveness | | Distance Learning | |
|  | Data Coordinator | | Exemplary Services | |
|  | Early Intervention | | Information/Dissemination | |
|  | Inclusion | | Other | |
|  | Medical Director | | Pediatric Services | |
|  | Parent/Consumer | | Research | |
|  | Person Centered Planning | | Social Justice/Equity | |
|  | Research Director | | Technology Coordinator | |
|  | Technical Assistance | | Transition | |
|  | Training Director | |  | |
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|  | | |  | |
| Discipline Coordinators | | | | |
|  | Assistive Technology | | Audiology | |
|  | Child Welfare | | Dentistry/Pediatric Dentistry | |
|  | Disability Studies | | Epidemiology | |
|  | Family | | Genetics | |
|  | Health Administration | | Inclusion | |
|  | Law | | Medicine | |
|  | Neurology | | Nursing | |
|  | Nutrition | | Occupational Therapy | |
|  | Other | | Parent/Family Resources | |
|  | Pediatrics | | Pediatrics: Developmental/Neonatology | |
|  | Pharmacy | | Physical Therapy | |
|  | Psychiatry | | Psychiatry: Developmental | |
|  | Public Health | | Public Policy | |
|  | Rehab Counseling | | Respiratory Therapy | |
|  | Self Advocacy | | Sibling Faculty | |
|  | Social Justice | | Social Work | |
|  | Special Education | | Speech-Language Pathology | |
|  |  | |  | |
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**Specialty Resource Contacts** *(Type each position on a separate line)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project/Program/Clinic Contacts** *(Type each position on a separate line)*

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\***Primary Discipline** *(Included in DGIS export) (select one) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Discipline(s)** *Check all that apply.*

* Applied Behavioral Analysis
* Assistive Technology
* Audiology
* Biological Sciences
* Business
* Communications
* Community Health Worker
* Community Member/Person with Lived Experience
* Dentistry-Pediatric
* Dentistry-Other
* Dietetics
* Disability Studies
* Doula
* Education: Administration
* Education: General
* Education/Special Education
* Education: Early Intervention/Early Childhood
* Educational psychology
* Epidemiology
* Family Studies
* Family Member/Community Member
* Family/Parent/Youth Advocacy
* Genetics/Genetic Counseling
* Gerontology
* Health Administration
* Human Development/Child Development
* Interdisciplinary
* Law
* Liberal Arts & Science, Humanities, and General Studies
* Medicine-Adolescent Medicine
* Medicine-Adult Providers
* Medicine-General
* Medicine-Other
* Medicine-Pediatrics
* Medicine-Developmental-Behavioral Pediatrics
* Medicine-Neurodevelopmental Disabilities
* Medicine-Pediatric Pulmonology
* Medicine-Sleep
* Mental and Behavioral Health
* Nursing-Family/Pediatric Nurse Practitioner
* Nursing-Midwife
* Nursing-General
* Nursing-Other
* Nutrition
* Occupational Therapy
* Pastoral
* Person with a disability or special health care need
* Pharmacy
* Psychiatry
* Physical Therapy
* Physician Assistant
* Psychology
* Public Administration
* Public Health
* Rehabilitation
* Rehabilitation Counseling
* Respiratory Therapy
* School Psychology/School Counseling
* Self Advocacy
* Sociology
* Social Work
* Speech-Language Pathology
* Other - Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*AUCD Council Membership:** (Check all that apply). Checking/unchecking membership adds/removes member from council listservs.

* National Community Education Directors’ (NCEDC)
* Council on Leadership and Advocacy (COLA)
* Multicultural Council (MCC)
* National Training Directors’ Council (NTDC Council)
* Council on Research and Evaluation (CORE)
* No Council Membership (none)

|  |  |
| --- | --- |
| **Professional Areas of Interest and Expertise**  Provide a list of “key words”, separated by commas, rather than complete sentences; 200 words or less for each | |
| **Research**  200 words or less |  |
| **Education**  200 words or less |  |
| **Service**  200 words or less |  |
| **Copy & Paste Vita or Bio**  200 words or less |  |

**\*Check if you are a**

* Former MCHB-program trainee
* Former UCEDD trainee
* None of the above

**\*Gender (per federal reporting requirements)**

🌕 Male

🌕 Female

🌕 Transgender Man

🌕 Transgender Woman

🌕 Other

🌕 Choose not to disclose/unknown

**Other Gender Description (required if ‘Other’ selected above):**

**\*Primary Language**

**Do you speak a language other than English at home?**

Yes, Spanish

Yes, another language, please identify:

No

**If yes, how well do you speak English?**

Very Well

Well

Not well

Not at all

**Year of BIRTH** (YYYY): *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**\*Year Hired in MCHB Leadership Training Program/ Year Hired at Center** (YYYY): *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Not affiliated with MCHB Leadership Training Program

**\*Race** (*select one*)

* + - American Indian or Alaska Native refers to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Tribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - Asian refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).
    - Black or African-American refers to people having origins in any of the Black racial groups of Africa.
    - Native Hawaiian and Other Pacific Islander refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
    - White refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
    - More than One Race includes individuals who identify with two or more racial designations.
    - Unrecorded is included for individuals who are unable to identify with the categories

**\*Ethnicity** (*Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.*)

* Hispanic or Latino
* Non Hispanic or Latino
* Unrecorded

**\*PRIMARY Employment Role** (*select one*):

* Program Director or Associate Director
* Senior Faculty: Faculty at the rank of Associate Professor or Professor.
* Junior Faculty: Faculty at the rank of Assistant Professor, Lecturer, Adjunct, etc.
* Clinical Staff: Individuals with a high degree of expertise and training who specialize in providing clinical services.
* Professional Staff: Individuals with a high degree of expertise and training who specialize in performing professional, scientific, or technical activities.
* Support Staff: Non-contract employees that include assistants, clerks, coordinators, etc.

**Personal relationship with Disabilities** (*Check all that apply*)

* Person with a disability
* Person with a special health care need
* Parent of a person with a disability
* Parent of a person with a special health care need
* Family member of a person with a disability
* Family member of a person with a special health care need
* None
* Unrecorded

**Subscriptions to AUCD Listservs** (*Check/Uncheck to manage member subscriptions to the following AUCD listservs)*

* Aging
* AUCD InBrief
* Business Managers
* Disability Studies
* Email Blasts (Funding opportunities, Resources, Announcements)
* Health Care Transition
* LEND Family
* NCBDDD RTOIs Grantees
* Spirituality/Faith
* Web Masters
* AUCD Early Intervention/Early Childhood
* Autism
* CDC DH Grantees
* Early Intervention/Early Childhood
* Emergency Preparedness
* International
* Mental Health & Positive Behavioral Supports
* Postsecondary Education
* Trainees

**Administrative Fields**

**\*Member Affiliation(s)**

* UCEDD
* LEND

**\*Include this person in EHB upload**

* Yes
* No

**\*Member status in online Directory**

* Display
* Do not display
* Inactive
* Pending Submission
* Waiting for Approval
* Rejected